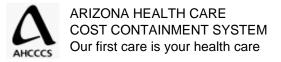
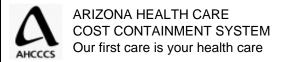


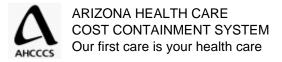
PROC	DESCRIPTION	RATE2003	EFFDATE
	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS,		
90471	INTRADERMAL, SUBCUTANEOUS, I	\$4.54	1-Jul-02
	IMMUN ADMN EACH ADDL (INCLUDES		
90472	PERCUTANEOUS,INTRADERMAL,SUB INTRAM & JET INJ	\$4.54	1-Jul-02
	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL		
90473	ROUTE; ONE VACCINE (SINGLE OR	BR	1-Jan-02
	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL		
90474	ROUTE; EACH ADDITIONAL VACCINE	BR	1-Jan-02
	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS,		
90780	ADMINISTERED BY PHYSICIAN OR UNDER D	\$44.04	1-Apr-01
	IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY		•
90781	PHYSICIAN OR UNDER DIRECT SUP	\$22.58	1-Apr-01
	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION		•
90782	(SPECIFY MATERIAL INJECTED); S	\$4.54	1-Apr-01
	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL		•
90783	INJECTED); INTRA-ARTERIAL	\$16.17	1-Apr-01
	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL		•
90784	INJECTED); INTRAVENOUS	\$19.22	1-Apr-01
90788	INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)	\$4.92	1-Apr-01
	UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC		•
90799	INJECTION	BR	1-Oct-82
	CHEMOTHERAPY ADMINISTRATION; SUBCUTANEOUS OR		
96400	INTRAMUSCULAR, WITH OR WITHOUT LOCA	\$5.29	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND		•
96405	INCLUDING 7 LESIONS	\$75.49	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN		•
96406	7 LESIONS	\$107.77	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH		•
96408	TECHNIQUE	\$38.38	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION		·
96410	TECHNIQUE, UP TO ONE HOUR	\$61.27	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION		
96412	TECHNIQUE, ONE TO 8 HOURS, EA	\$45.54	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION		·
96414	TECHNIQUE, INITIATION OF PROL	\$53.06	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH		
96420	TECHNIQUE	\$49.71	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION		•
96422	TECHNIQUE, UP TO ONE HOUR	\$48.96	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION		•
96423	TECHNIQUE, ONE TO 8 HOURS,	\$19.16	1-Apr-01



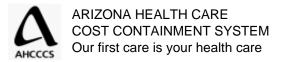
PROC	DESCRIPTION	RATE2003	EFFDATE
	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION		
96425	TECHNIQUE, INITIATION OF P	\$56.79	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY,	·	•
96440	REQUIRING AND INCLUDING THORACE	\$326.68	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY,	·	
96445	REQUIRING AND INCLUDING PERI	\$329.58	1-Apr-01
	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL),	·	'
96450	REQUIRING AND INCLUDING	\$161.30	1-Apr-01
96520	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$35.40	1-Apr-01
	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR	·	'
96530	RESERVOIR	\$42.11	1-Apr-01
	CHEMOTHERAPY INJECTION, SUBARACHNOID OR	·	•
96542	INTRAVENTRICULAR VIA SUBCUTANEOUS RESERV	\$179.67	1-Apr-01
96549	UNLISTED CHEMOTHERAPY PROCEDURE	BR	1-Oct-82
	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT		
96567	TO DESTROY PREMALIGNANT AN	\$58.91	1-Apr-02
	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF		•
96570	LIGHT TO ABLATE ABNORMAL TISSU	\$60.00	1-Apr-01
	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF		•
96571	LIGHT TO ABLATE ABNORMAL TISSU	\$30.00	1-Apr-01
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$15.80	1-Apr-01
96902	Trichogram	\$24.01	1-Apr-02
	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN		
96910	TREATMENT) OR PETROLATUM AN	\$23.33	1-Apr-01
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	\$26.38	1-Apr-01
	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR		·
96913	SEVERE PHOTORESPONSIVE DERMATOSES	\$54.25	1-Apr-01
96920	Laser tx, skin < 250 sq cm	\$149.34	1-Apr-03
96921	Laser tx, skin 250-500 sq cm	\$152.95	1-Apr-03
96922	Laser tx, skin > 500 sq cm	\$211.40	1-Apr-03
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	BR	1-Oct-82
97001	PHYSICAL THERAPY EVALUATION	\$69.43	1-Apr-01
97002	PHYSICAL THERAPY RE-EVALUATION	\$34.65	1-Apr-01
97003	OCCUPATIONAL THERAPY EVALUATION	\$70.22	1-Apr-01
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$36.01	1-Apr-01
97005	ATHLETIC TRAINING EVALUATION	BR	1-Jan-02
97006	ATHLETIC TRAINING RE-EVALUATION	BR	1-Jan-02
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR		
97010	COLD PACKS	\$11.77	1-Jun-00



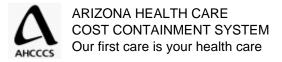
FARS/DFAF	***	DATES SEE	
PROC	DESCRIPTION	RATE2003	EFFDATE
	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION,		
97012	MECHANICAL	\$19.65	1-Apr-01
	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL		
97014	STIMULATION (UNATTENDED)	\$16.24	1-Apr-01
	PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC		
97016	DEVICES	\$16.98	1-Apr-01
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH	\$11.30	1-Apr-01
97020	PHYSICAL MEDICINE TREATMENT TO ONE AREA; MICROWAVE	\$11.30	1-Apr-01
97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	\$21.08	1-Apr-01
97024	PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY	\$11.67	1-Apr-01
97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED	\$10.93	1-Apr-01
97028	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ULTRAVIOLET	\$11.69	1-Apr-01
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;		
97032	ELECTRICAL STIMULATION (MANUAL),	\$19.27	1-Apr-01
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;		
97033	IONTOPHORESIS, EACH 15 MINUTES	\$20.84	1-Apr-01
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;		
97034	CONTRAST BATHS, EACH 15 MINUTES	\$17.01	1-Apr-01
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;		
97035	ULTRASOUND, EACH 15 MINUTES	\$14.39	1-Apr-01
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD		
97036	TANK, EACH 15 MINUTES	\$23.40	1-Apr-01
	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT		
97039	ATTENDANCE)	\$18.12	1-Apr-01
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15		
97110	MINUTES; THERAPEUTIC EXERCISES	\$25.15	1-Apr-01
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15		
97112	MINUTES; NEUROMUSCULAR REEDUCA	\$27.69	1-Apr-01
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15		
97113	MINUTES; AQUATIC THERAPY WITH	\$29.24	1-Apr-01
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15		
97116	MINUTES; GAIT TRAINING (INCLUD	\$25.79	1-Apr-01
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15		
97124	MINUTES; MASSAGE, INCLUDING EF	\$22.70	1-Apr-01
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15		
97139	MINUTES; UNLISTED THERAPEUTIC	\$17.01	1-Apr-01
	MANUAL THERAPY TECHNIQUES (EG,		
97140	MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAI	\$28.80	1-Apr-01
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$20.85	1-Apr-01



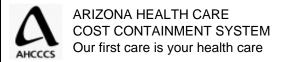
PROC	DESCRIPTION	RATE2003	EFFDATE
	ORTHOTIC(S) FITTING AND TRAINING, UPPER EXTREMITY(IES),		
97504	LOWER EXTREMITY(IES), AN	\$28.13	1-Apr-01
	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITIES		,
97520	EACH 15 MIN	\$28.06	1-Apr-01
	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT	·	·
97530	CONTACT BY THE PROVIDER (USE	\$24.33	1-Apr-01
	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION,		,
97532	MEMORY, PROBLEM SOLVING, (\$25.75	1-Apr-01
	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY	·	•
97533	PROCESSING AND PROMOTE ADAPTIV	\$27.99	1-Apr-01
	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF		•
97535	DAILY LIVING (ADL) AND COM	\$28.06	1-Apr-01
	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING,	·	·
97537	TRANSPORTATION, MONEY MANAG	\$27.62	1-Apr-01
	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15	·	·
97542	MINUTES	\$18.90	1-Apr-01
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	BR	1-Jan-93
	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST		
97546	SEPARATELY IN ADDITION T	BR	1-Jan-93
	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S); SELECTIVE		
97601	DEBRIDEMENT, WITHOUT ANES	\$39.05	1-Apr-01
	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-		
97602	SELECTIVE DEBRIDEMENT, WITHOUT ANE	BR	1-Jan-01
	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED		
97703	PATIENT, EACH 15 MINUTES	\$16.36	1-Apr-01
	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG,		'
97750	MUSCULOSKELETAL, FUNCTIONAL CAPACI	\$27.32	1-Apr-01
97780	Acupuncture w/o stimul	BR	1-Jan-98
97781	Acupuncture w/stimul	BR	1-Jan-98
	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR		
97799	PROCEDURE	BR	1-Oct-82
	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND		
97802	INTERVENTION, INDIVIDUAL, FACE	\$16.33	1-Apr-02
	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND		·
97803	INTERVENTION, INDIVIDUAL, FACE-TO-F	\$16.33	1-Apr-02
	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE		•
97804	INDIVIDUAL(S)), EACH 30 MINUTES	\$6.42	1-Apr-02
	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO		,
98925	BODY REGIONS INVOLVED	\$30.98	1-Apr-01
	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO		•
98926	FOUR BODY REGIONS INVOLVED	\$42.38	1-Apr-01



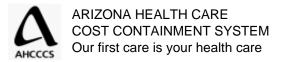
OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO 88928 EIGHT BODY REGIONS INVOLVED OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN 88929 BODY REGIONS INVOLVED CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO 70 TWO REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE 70 FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE 88941 TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE 88942 REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE ORMORE REGIONS HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER 99000 FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA 99002 CONNECTION WITH THE IMPLEMENTA 99024 POSTOP FOR THE MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO 99050 BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE \$1. 99056 Non-office medical services 93058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	2.68 1.75 9.39 7.62 7.16 7.83 2.34 2.60 8.89	1-Apr-01 1-Apr-01 1-Apr-01 1-Jun-00 1-Jun-00
98927 BODY REGIONS INVOLVED OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE ORMORE REGIONS HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA 99024 POSTOP FOILOW UP VISIT 99025 PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE \$1. 99056 Non-office medical services 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS 45.	1.75 9.39 7.62 7.16 7.83 2.34	1-Apr-01 1-Apr-01 1-Apr-01 1-Apr-01 1-Jun-00 1-Jun-00
OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS SAME CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE ORMORE REGIONS HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA SAME POSOD SERVICE SERVICE SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SOME OFFICE SERVICES SAME SAME SAME SAME SAME SAME SAME S	1.75 9.39 7.62 7.16 7.83 2.34	1-Apr-01 1-Apr-01 1-Apr-01 1-Apr-01 1-Jun-00 1-Jun-00
98928 EIGHT BODY REGIONS INVOLVED OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE 88942 REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE ORMORE REGIONS HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA 99002 CONNECTION WITH THE IMPLEMENTA 99025 POSTOP FOROM PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO 99050 BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION 99056 Non-office medical services 933 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	9.39 7.62 7.16 7.83 2.34 2.60	1-Apr-01 1-Apr-01 1-Apr-01 1-Jun-00 1-Jun-00
OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE ORMORE REGIONS HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA 99024 Postop follow-up visit INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE 99056 Non-office medical services 933 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	9.39 7.62 7.16 7.83 2.34 2.60	1-Apr-01 1-Apr-01 1-Apr-01 1-Jun-00 1-Jun-00
98929 BODY REGIONS INVOLVED CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE ORMORE REGIONS HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA 99022 POSTOP follow-up visit INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE \$12 SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE \$20 SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE 99056 Non-office medical services 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	7.62 7.16 7.83 2.34 2.60	1-Apr-01 1-Apr-01 1-Apr-01 1-Jun-00 1-Jun-00
CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS SHAPP CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE ORMORE REGIONS HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA 99024 Postop follow-up visit INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICES 99056 Non-office medical services 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	7.62 7.16 7.83 2.34 2.60	1-Apr-01 1-Apr-01 1-Apr-01 1-Jun-00 1-Jun-00
98940 TWO REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE 98941 TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE 98942 REGIONS S4 CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, 98943 ONE ORMORE REGIONS HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER 99000 FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER 99001 FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA 99024 Postop follow-up visit INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL 99025 PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO 99050 BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION 99054 TO BASIC SERVICE 99056 Non-office medical services 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	7.16 7.83 2.34 2.60	1-Apr-01 1-Apr-01 1-Jun-00 1-Jun-00
CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS S4 CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE ORMORE REGIONS S2 HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA S3 P0024 Postop follow-up visit INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SI SOURCES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SI SOURCES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SI SOURCES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SI SOURCES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICES SI SOURCES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICES SI SOURCES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICES SI SOURCES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICES SI SOURCES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICES PROVIDED ON AN EMERGENCY BASIS	7.16 7.83 2.34 2.60	1-Apr-01 1-Apr-01 1-Jun-00 1-Jun-00
98941 TO FOUR REGIONS CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS S4 CHIROPRATIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE ORMORE REGIONS S2 HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER PROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA S3 PO24 Postop follow-up visit INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE SI PO56 Non-office medical services S3 PO58 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	7.83 2.34 2.60	1-Apr-01 1-Jun-00 1-Jun-00 1-Jun-00
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98943 ONE ORMORE REGIONS HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA 99024 Postop follow-up visit INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN 99052 ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION 99054 TO BASIC SERVICE \$1. 99056 Non-office medical services \$3. 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	2.60	1-Jun-00 1-Jun-00
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99024 Postop follow-up visit \$3 INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL 99025 PROCEDURE CONSTITUTES MAJO \$3 SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO 99050 BASIC SERVICE \$1 SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN 99052 ADDITION TO BASIC SERVICE \$2 SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION 99054 TO BASIC SERVICE \$1 99056 Non-office medical services \$3 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS \$4	7.03	1-Jun-00
99025 PROCEDURE CONSTITUTES MAJO SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO 99050 BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN 99052 ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION 99054 TO BASIC SERVICE 99056 Non-office medical services 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS \$3	7.03	1-Jun-00
SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE 99054 TO BASIC SERVICE 99056 Non-office medical services \$33 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS		
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SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN 99052 ADDITION TO BASIC SERVICE \$2 SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION 70 BASIC SERVICE \$1 99056 Non-office medical services \$3 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS \$4		
99052 ADDITION TO BASIC SERVICE \$2 SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION 70 BASIC SERVICE \$1 99056 Non-office medical services \$3 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS \$4	4.38	1-Jun-00
SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION 99054 TO BASIC SERVICE \$1. 99056 Non-office medical services \$3. 99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS \$4.		
99054TO BASIC SERVICE\$199056Non-office medical services\$399058OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS\$4	1.16	1-Jun-00
99056Non-office medical services\$3.99058OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS\$4		
99058 OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS \$4	4.81	1-Jun-00
	2.79	1-Jun-00
99070 Special supplies ¢s	0.20	1-Jun-00
	4.54	1-Jun-00
99071 Patient education materials	BR	1-Oct-82
99075 Medical testimony	BR	1-Oct-82
99078 Group health education	BR	1-Oct-82
99080 Special reports or forms	BR	1-Oct-82
99082 Unusual physician travel \$.	2.04	1-Jun-00
	9.90	1-Jun-00
99141 Sedation, iv/im or inhalant \$7	0 /2	1-Oct-02
		1-Apr-02
ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION	6.70	
99170 IN CHILDHOOD FOR SUSP TRAU \$13	6.70	1-Apr-01



PROC	DESCRIPTION	RATE2003	EFFDATE
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	BR	1-Jan-00
00170	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS	DIX	1 0411 00
99175	AND CONTINUED OBSERVATION	\$55.74	1-Apr-01
00170	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC	ΨΟΟ.7 1	17101
99183	OXYGEN THERAPY, PER SESSION	\$132.31	1-Apr-01
99185	HYPOTHERMIA; REGIONAL	\$25.19	1-Apr-01
99186	HYPOTHERMIA; TOTAL BODY	\$83.05	1-Apr-01
	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR	Ţ G G G G	
99190	HEAT EXCHANGER (WITH OR WITHOU	\$104.51	1-Jun-00
	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR	•	
99191	HEAT EXCHANGER (WITH OR WITHOU	\$63.26	1-Jun-00
	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR	,	
99192	HEAT EXCHANGER (WITH OR WITHOU	\$47.13	1-Jun-00
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$17.67	1-Apr-01
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	BR	1-Oct-82
	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH		
G0003	PRESYMPTOM OR POST SYMPTO	BR	1-Jan-98
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$4.54	1-Jul-02
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$4.54	1-Jul-02
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$4.54	1-Jul-02
	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND		
G0101	CLINICAL BREAST EXAMINATION	\$38.81	1-Apr-01
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	\$19.59	1-Apr-01
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$97.21	1-Apr-01
	COLORECTAL CANCER SCREENING; COLONOSCOPY ON	·	'
G0105	INDIVIDUAL AT HIGH RISK	\$375.17	1-Apr-01
	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104,		
G0106	SCREENING SIGMOIDOSCOPY,	\$142.35	1-Apr-01
	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES,		•
G0108	INDIVIDUAL, PER 30 MINUTE	\$61.61	1-Apr-01
	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES,		-
G0109	GROUP SESSION (2 OR	\$36.25	1-Apr-01
	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY		
G0117	AN OPTOMETRIST OR OPHTHAL	\$51.34	1-Apr-02
	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED		-
G0118	UNDER THE DIRECT SUPERVISION	\$36.26	1-Apr-02
	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105,		
G0120	SCREENING COLONOSCOPY,	\$142.35	1-Apr-01



PROC	DESCRIPTION	RATE2003	EFFDATE
	COLORECTAL CANCER SCREENING; COLONOSCOPY ON		
G0121	INDIVIDUAL NOT MEETING CRITERIA FOR	\$432.35	1-Apr-03
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	\$128.10	1-Apr-03
	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY		•
G0124	REPORTING SYSTEM), COLLECTED	\$24.62	1-Apr-01
G0127	TRIMMING OF DYSTROPHIC NAILS ANY NUMBER	\$20.66	1-Apr-01
	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL,		•
G0141	PERFORMED BY AUTOMATED	\$24.62	1-Apr-01
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$140.37	1-Apr-01
	HYPERBARIC OXYGEN TREATMENT NOT REQUIRING PHYSICIAN		•
G0167	ATTENDANCE, PER TREATMENT SE	\$26.82	1-Jun-00
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	\$84.32	1-Apr-01
G0179	HOME HEALTH RECERTIFICATION	\$60.41	1-Apr-01
	PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED		•
G0180	SERVICES PROVIDED BY A PAR	\$72.13	1-Apr-01
	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR		·
G0186	EXAMPLE, CHOROIDAL NEOVASCULARIZ	BR	1-Jan-01
G0245	INITIAL FOOT EXAM PT LOPS	\$60.94	1-Oct-02
G0246	FOLLOW UP EVAL OF FOOT PT LOPS	\$35.76	1-Oct-02
G0247	ROUTINE FOOT CARE PATIENT WITH LOPS	\$39.47	1-Oct-02
G0248	DEMONSTRATION USE OF HOME INR MONITORING	\$99.88	1-Oct-02
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT	\$70.85	1-Oct-02
	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED		
G0256	PALLADIUM SEEDS, INCLUDING	BR	1-Jan-03
	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF		
G0260	ANESTHETIC, STEROID	BR	1-Jan-03
	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED		
G0261	IODINE SEEDS, INCLUDING	BR	1-Jan-03
	SMALL INTESTINAL IMAGING; INTRALUMINAL, FROM LIGAMENT OF		
G0262	TREITZ TO THE ILEO	\$752.46	1-Apr-03
	BONE MARROW OR PERIPHERAL STEM CELL HARVEST,		
G0267	MODIFICATION OR TREATMENT TO	BR	1-Jan-03
	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY		
G0268	PHYSICIAN ON SAME DATE OF	\$44.45	1-Apr-03
	NASO/ORO GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S		
G0272	SKILL AND FLUOROSCOPIC	\$17.20	1-Apr-03
	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE		
G0281	AREAS, FOR CHRONIC STAGE	\$12.75	1-Apr-03
	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE		
G0283	AREAS FOR INDICATION(S)	\$12.75	1-Apr-03
	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE		
G0289	BODY, FOREIGN BODY,	\$86.02	1-Apr-03



PROC	DESCRIPTION	RATE2003	EFFDATE
	TRANSCATHETER PLACEMENT OF A DRUG ELUTING		
G0290	INTRACORONARY STENT(S), PERCUTANEOUS,	BR	1-Jan-03
	TRANSCATHETER PLACEMENT OF A DRUG ELUTING		
G0291	INTRACORONARY STENT(S), PERCUTANEOUS,	BR	1-Jan-03
	ADMINISTRATION(S) OF EXPERIMENTAL DRUG(S) ONLY IN A		
G0292	MEDICARE QUALIFYING	BR	1-Jan-03
	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR		
M0064	CHANGING DRUG PRESCRIPT	\$23.84	1-Apr-01
M0075	CELLULAR THERAPY	BR	1-Mar-89
M0076	PROLOTHERAPY	BR	1-Mar-89
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING (MNP)	BR	1-Mar-89
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	BR	1-Mar-89
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM (MNP)	BR	1-Mar-89
	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC		
Q0081	DRUGS, PER VISIT	BR	1-Jan-92
	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION		
Q0083	TECHNIQUE ONLY (EG SUBCUTANEO	BR	1-Jan-92
	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE		
Q0084	ONLY, PER VISIT	BR	1-Jan-92
	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION		
Q0085	TECHNIQUE AND OTHER TECHIQUE(S) (EG	BR	1-Jan-92
Z3475	AMBULATORY-CONTU CHEMOTHERAPY	BR	1-Oct-82
Z3600	PARAMEDIC SERVICES	BR	1-Oct-82
Z3630	MEDICATION, ADMINISTRATION OF MEDICATION	BR	1-Oct-82